

APPENDIX B

Subj: COMMAND INVESTIGATION INTO THE ACTIONS OF USS COLE (DDG 67) IN PREPARING FOR AND UNDERTAKING A BRIEF STOP FOR FUEL AT BANDAR AT TAWAHI (ADEN HARBOR) ADEN, YEMEN ON OR ABOUT 12 OCTOBER 2000

Ref: (B-a) COMFIFTHFLT OPORD 1000-98

Encl: (B1) Medical Assets Review dtd 1 Oct 00

PRELIMINARY STATEMENT

B-1. At approximately 1115-1118, 12 October 2000, an explosion occurred amidships, and adjacent to the port side of USS COLE (DDG 67) as the ship was moored at Refueling Dolphin Seven in Aden, Yemen. The explosion killed 17 crewmembers, wounded 42 others, and caused severe damage to the ship. Five crewmembers not wounded in the attack, but with pre-existing medical conditions that required treatment, were medically evacuated with the 42 wounded crewmembers. This attachment will provide findings and opinions concerning those that were medically evacuated as a result the explosion.

B-2. The enclosures to the appendix are a summary of the medical treatment each servicemember has received since the explosion. They have been enclosed as an alternative to the actual records.

B-3. A Special Intervention Response Team (SIRT) arrived on Aden, Yemen on 14 October 2000. This resource is similar to the "SPRINT" teams used in U.S. medical facilities. The SIRT provided support for a majority of the crew both before and after the remains were recovered. Assistance continued during the preparations to position USS COLE on M/V BLUE MARLIN. No medical records were kept for any crewmembers that were provided this assistance.

B-4. Personnel evacuated from the ship before the SIRT arrival were provided equivalent stress intervention services in Bahrain, Landstuhl Army Medical Center and Naval Medical Center Portsmouth.

B-5. Appendix B is organized as follows. The initial findings of fact, supported by Enclosure B1, discuss generally the transfer of the patients from USS COLE to the United States. Thereafter each of the patients are discussed separately. The findings of fact for each patient are immediately followed by a set of enclosures unique to that Sailor.

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FINDINGS OF FACT

B-1. Annex Q to reference (a) is the medical annex to the Fifth Fleet Operational Order. It contains the mass casualty evacuation guidance for individual units affected and Fifth Fleet response procedures. (Reference B-a)

B-2. Information concerning individual host nation medical treatment facilities in the AOR is contained in the OPOD. (Reference B-a, appendix 3)

B-3. The French Military Medical Center Medical Center in Djibouti is a 100-bed facility staffed by French physicians. The hospital's emphasis is on military-related trauma. There is an Emergency Department manned 24 hours a day by an emergency physician. The ICU is well equipped for stabilizing trauma patients. (Reference B-a, appendix 3, tab B)

B-4. A review of the medical facilities in Aden was completed by the Force Independent Duty Corpsman in September 2000. (Encl B1)

B-5. Saber Hospital in Aden is a 30 bed private facility with modern medical/surgical services and high standards of sanitation. It has a modern ambulance and emergency stabilization capabilities. (Encl B1)

B-6. Al Gamhooria Teaching Hospital in Aden is an older, 300-bed facility that offers many modern medical services. It has the most experienced medical/surgical staff in the area but it has lower levels of sanitation than Saber Hospital. (Encl B1)

B-7. As a result of this review, Navy medical personnel working in Aden and the Force Surgeon's Office in Bahrain knew Saber Hospital was the primary facility and Al Gamhooria was the secondary facility for emergency medical treatment in Aden. (Encl B1)

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OPINIONS

B-1. The care provided by the Yemeni hospitals most likely saved the lives of three Sailors; EW3 [REDACTED], MS3 [REDACTED] and HTSN [REDACTED] (FF B201, B240, B274, B275)

B-2. The care provided by the French military medical air evacuation team most likely saved the lives of two Sailors; GSM1 [REDACTED] and HTSN [REDACTED] (FF B258, B259, B276, B277)

B-3. The care by the French Military Medical Center staff in Djibouti prevented significant complications for four Sailors; EW3 [REDACTED] MS3 [REDACTED], MS3 [REDACTED] and GSCS [REDACTED] (FF B203, B204, B224, B242, B251)

01 Oct 00

From: COMUSNAVCENT Force Independent Duty Corpsman
To: Captain [REDACTED] Force Surgeon
Via: CDR [REDACTED] Deputy Force Surgeon

Subj: MEDICAL ASSETS AND CAPABILITIES, VICINITY OF ADEN,
REPUBLIC OF YEMEN

1. Having visited several hospitals and spoken with two of the nurses in the Ras Morbat Clinic (13 SEPT 00), one of whom has worked in Yemen for eighteen years, it is evident that the medical facilities in Aden and vicinity are in need of much restoration. After a decade of upheaval and war, facilities, equipment and overall general conditions are at a state of need and disrepair. As a result, care is greatly hampered and often disrupted. In addition, apart from the private hospital, Saber, the standards of sanitation and hygiene in many medical facilities are often not acceptable.

2. Supporting comments are provided:

A. An expatriate in Aden would need to have medical insurance that includes air evacuation for even the simplest operation. For the general expatriate population, air evacuation can take up to 3 to 4 days to arrange, although in some instances it may be sooner.

B. On occasions when an expatriate has had to be in hospital awaiting evacuation, Ras Morbat clinic nurses have taken it in turn to provide care. It would seem that Yemen needs a Florence Nightingale to raise the standards of nursing. Any expatriate patient may often also need his/her own carer, blood and perhaps even medical supplies to maintain long term care.

C. AIDS, hepatitis and other infectious diseases found in blood are prevalent in this part of the world. Although it is reported that blood testing is done at the AL Gamhooria Hospital, only on dire account should an expatriate have a local blood transfusion. If the need arose for a transfusion then blood should be sorted from other expatriates, shipmates etc. Saber Hospital nurses are reported to be available as a walking blood bank.

D. For lack of sterile supplies, universal precautions are not always followed. If one has the misfortune to need to go to hospital and require an injection, the patient or his carer needs to ensure that sterile supplies and equipment are being used. Although Yemen reports a problem from the import of

[REDACTED]

unsanctioned medications, private pharmacies and some convenience stores, in Aden proper, appeared to be well stocked with medical consumables.

E. With regard to lab, X-ray and other diagnostic equipment, training for technicians and repair personnel is often inadequate. Much needed equipment is often not available, in disrepair or cannibalized for spare parts. In a word, simpler is better.

F. I was told that two years ago, thirty ambulances were given to the hospitals of Aden, by the Dutch people. The clinic staff has noted that these ambulances have had the equipment removed from them, and have been seen around the streets of Aden being used as family cars.

G. Although I observed several ambulances capable of providing patient transportation, I am uncertain of their equipment and readiness to cope with even minor trauma. On the other hand, the Dar Sad (Deminers) medical clinic is in possession of a 2 ton 3 patient transport. Three brand new single patient "Land Cruiser" type ambulances to be delivered any week now. The medics are well trained to provide intermediate level first aid to multiple personnel casualties, all courtesy of the US Government. Regarding Emergency Disaster Preparedness, there is no major plan in place for any facility.

H. According to Ras Morbat, the nearest hospital that could be used by expatriates with any confidence is the Baptist Hospital at Jibla, [REDACTED]. This is 230 klms from Aden, and is a four-hour journey by road. There are American and other expatriate Doctors working there. However, they do not have an Orthopaedic Dept. This facility, however, is too distant for the needs of any navy out at sea.

I. With the exception of the Airport, no medical facility is Airvac capable. Helicopters can land at the Dar Sad deminer's training base and be transported to an emergency treatment facility from there. Point of contact would be the Navy EOD Det at mobile: [REDACTED] or US Representatives in Sana'a.

3. Personnel and Hospitals visited:

A. Regional Director of Health Services: Dr. Al kaadar Nasser Masswar. Charged with the supervision of medical services from Aden to Taiz, this is the person who would co-

[REDACTED]

B. Ras Morbat Medical Clinic: Mr Roger Bruggink
[REDACTED] Tawahn, Aden, Republic of Yemen, Ph: [REDACTED]
Mobile: [REDACTED], Email: [REDACTED] The Ras Morbat
Medical clinic is a non-profit outpatient medical treatment
facility in the city of Aden, approximately 10 Kms from the
International Airport. It is affiliated with the Anglican
Church of England. The pastor, Mr. Roger Bruggink, and his
temporary staff of volunteer Doctors and Nurses provide care to
the people of Aden, and vicinity, on a free of charge or care
for work basis. In addition to providing general medical
service to the community, they also conduct out patient eye
surgery and they do home visits as well as provide care to
inmates at various Yemeni prisons.

B. Aden General Hospital: Headed by Dr. Ahmed Alkine
[REDACTED] (Fax: [REDACTED], this 200 bed facility
was donated by the Saudi Arabian Government in 1992. Located
in Sirah, 10 klms south of Aden Airport, it offers many of the
services found in any western hospital but with limited levels
of skill, diagnostics and sanitation. It has a 4 bed ER, 2 OR
suits with 4 bed recovery room, a 58 bed surgical ward, 38 bed
GYN/Obstetrical ward without a neonatal unit but 8 incubators,
Cardiology, Orthopaedics with a Physical Therapy section,
Urology, Ophthalmology, ENT, and a resident Anesthesiologist.
It boasts a fairly modern medical library, a budding computer
club [REDACTED] and a conference hall which is being
renovated for telemedicine capability. Unfortunately, this
facility has been allowed to deteriorate for lack of spare
parts, skilled technicians and medical staff. Much equipment
is in various states of disrepair; 1 of three autoclaves work,
1 of two fixed X-ray units (SHIMADSU) work and most blood is
sent out to Gamhooria for testing. Although not to par with
western standards, it has great potential for recovery provided
proper funding and management. This is the site selected for
training by the US Navy Medical training Center which once a
year provides re-constructive surgery for land mine survivors
as well as train local doctors in the performance of such
surgeries.

D. AL Gamhooria Teaching Hospital: This much older 300
bed facility about 10 klms South West of the International
airport and across the street from the University Medical
Center [REDACTED], offers much of modern day medical services.
It has the most experienced medical/surgical staff and some up
to date equipment. Its mid to low level of sanitation, gloomy,
dark and narrow passageways make it appear to be austere and
inhospitable to westerners. This facility is administered by

[REDACTED]

facility. Patients will further medevac to for follow-on management.

E. Saber Hospital: Located in Al Mansoorah, 3 klms from the airport is this 30 bed, private, facility with modern medical/surgical services and high standards of sanitation. It has a CT scan with other advanced radiology services, Laboratory with Blood analysis, chemistry and ELISA capability and a well supplied pharmacy. It offers elective procedures as well as emergency stabilization for the community at large. Its modern ambulance [REDACTED] provides for patient transport. Most if not all the staff speaks English are highly experienced in their medical and surgical care. Nurses and Doctors provide for a walking blood bank. The owner is Mr. Saced Ba Huda. Mr. Shaikh Ba Zughifar is the Medical Director, Ph: [REDACTED]. Due to its size, its mass casualty capabilities are limited.

F. Al Razi Specialist Hospital [REDACTED] Not visited due to time constraints.

Very respectfully [REDACTED]

HMCS (SW) [REDACTED]

Appendix (B). The remaining portion of Appendix (B) contains Causality Reports of Injured Personnel and is not releasable.

Appendix (C). Photographs are classified
and not releasable.